

# 2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

ROSE GORDON

RENO CITY COUNCIL

WARD 4

Name (print) Office (if applicable) District (if applicable)  
 PO BOX 454, SPARKS NEVADA 89432 (775) 324-6263  
 Mailing Address (include city and zip code) Telephone No.

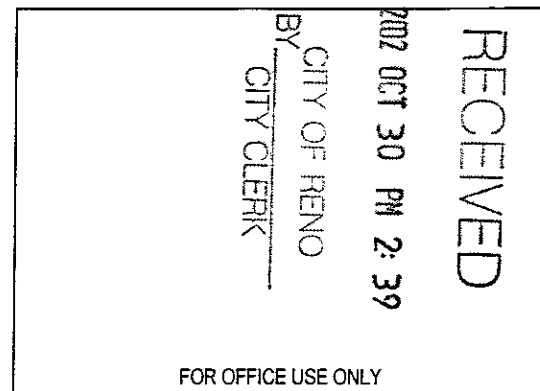
E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED

- ☐ **Report #1 — Due August 27, 2002**  
 Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002  
 Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002  
 Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002  
 BAGs only: Period: Dec. 7, 2000 — Aug 22, 2002

- ☒ **Report #2 Due — October 29, 2002**  
 Period: Aug. 23, 2002 — Oct. 24, 2002

- ☐ **Report #3 Due — January 15, 2003**  
 Period: Oct. 25, 2002 — Jan. 3, 2003  
 BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002



## BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any

## CONTRIBUTIONS SUMMARY

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

- |  |   |
|--|---|
| 1. Total amount of monetary contributions                                | 0 |
| 2. Interest and income earned on contributions, if any                   | 0 |
| 3. <b>TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS</b> (add lines 1 and 2) | 0 |
| 4. Total amount of In Kind Contributions                                 | 0 |

## EXPENSES SUMMARY

- |   |         |
|---|---------|
| 5. Total amount of monetary expenses in excess of \$100                 | 0       |
| 6. Total amount of monetary expenses of \$100 or less                   | 0       |
| 7. Expense for filing fee   | \$25.00 |
| 8. <b>TOTAL AMOUNT OF ALL MONETARY EXPENSES</b> (add lines 5 through 7) | \$25.00 |
| <b>Remaining Balance</b> (Subtract line 8 from 3)                       | 0       |
| 9. Total amount of In Kind Expenses                                     | 0       |

## AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Signature

*Rose Gordon*

Date Executed On

*October 29, 2002*

EL201R2  
154  
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**CAMPAIGN CONTRIBUTIONS****Report Period** **#**

ROSE GORDON

RENO CITY COUNCIL

WARD 4

Name (print)

Office (if applicable)

District (if applicable)

**Contributions**

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH CONTRIBUTION | AMOUNT OF EACH CONTRIBUTION | CHECK HERE IF LOAN |
|--------------------------------|---------------------------|-----------------------------|--------------------|
| NONE                           | NONE                      | NONE                        | NONE               |
|                                |                           |                             |                    |
|                                |                           |                             |                    |
|                                |                           |                             |                    |
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**CAMPAIGN EXPENSES**Report Period **#**

ROSE GORDON

RENO CITY COUNCIL

WARD 4

Name (print)

Office (if applicable)

District (if applicable)

**Expenses in Excess of \$100**

| <b>NAME AND ADDRESS OF<br/>PERSON, GROUP OR<br/>ORGANIZATION WHO RECEIVED<br/>THE PAYMENT FOR THE<br/>EXPENSE(S)</b> | <b>CATEGORY</b><br>(See Previous Page)<br>NRS 294A.365 | <b>DATE OF EACH<br/>EXPENSE</b> | <b>AMOUNT OF<br/>EACH EXPENSE</b> |
|--|--|---------------------------------|-----------------------------------|
| NONE   | NONE   | NONE                            | NONE                              |
|  |  |                                 |                                   |
|  |  |                                 |                                   |
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**IN KIND CAMPAIGN  
CONTRIBUTIONS**

Report Period #

ROSE GORDON

RENO CITY COUNCIL

WARD 4

Name (print)

Office (if applicable)

District (if applicable)

**IN KIND****Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**

| CONTRIBUTOR'S NAME AND<br>ADDRESS | DATE OF EACH<br>IN KIND<br>CONTRIBUTION | DESCRIPTION OF<br>EACH<br>IN KIND<br>CONTRIBUTION | VALUE OR COST<br>OF EACH<br>IN KIND<br>CONTRIBUTION | CHECK<br>HERE<br>IF<br>LOAN |
|-----------------------------------|---|---|---|-----------------------------|
| NONE                              | NONE                                    | NONE  | NONE  | NONE                        |
|                                   |   |   |   |                             |
|                                   |   |   |   |                             |
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**IN KIND CAMPAIGN  
EXPENSES**

Report Period #

ROSE                      GORDON                      RENO CITY COUNCIL                      WARD 4  
Name (print)                      Office (if applicable)                      District (if applicable)

**IN KIND****Expenses in Excess of \$100**

| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE IN KIND GOOD(S) OR<br>SERVICE(S) | DESCRIPTION<br>OF EACH<br>IN KIND<br>EXPENSE | DATE OF<br>EACH<br>IN KIND<br>EXPENSE | VALUE OR COST<br>OF EACH<br>IN KIND<br>EXPENSE |
|--|--|---------------------------------------|--|
| NONE   | NONE   | NONE                                  | NONE   |
|  |  |                                       |  |
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